

FOR NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Sumter STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 Township of Meddleton State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 4165  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
 74893

(2) Full Name of Child William Calvin Chaudh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 7 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Amos Chaudh  
 (9) PRESENT POSTOFFICE OF FATHER Meddleton  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Sumter County  
 (13) OCCUPATION Mechanic  
 (20) Number of children born to mother, including present birth { 1 }

MOTHER.  
 (14) NAME BEFORE MARRIAGE Thelie Rees Norris  
 (15) PRESENT POSTOFFICE OF MOTHER Meddleton  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Stalburg NC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Chn at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Earl M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Meddleton

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 18 1916 (28) M. Earl M.D. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.